

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep.	1						Total Indep.						
Total Depend.	1						Total Depend.						
Total Claims	2						Total Claims						